Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed]	Ву:
L-3	LOBBYISTS (Sec. 67-6619)

PageofP	age(s)
THIS SPACE FOR OFFICE US	R ONLY

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STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page					O MA	II UI	IUAHC	
obbyist's name and permanent business address		Date pr	parcd		Period co	vered		
Mark Benson Potlatch Corporation					month ending			
601 West First Avenue, Suite 16	50Ò					_		
Spokane, WA 99201	,		2/06/08		(Mo.)	(Day)	(Yr.)	
	•	-			1	31	08	
Totals of all reportable expenditures made	e or incurred by Lobb	vist of hy	Lobbyist's Bural	over on behalf o	f Lobbyi	st's Emplo	ver	
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount fo	Proportionate amou	Proportionate amounts contributed by each emplified 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported All Employers	Employer No. 1	ı E	imployer No. 2	Employer No. 3 Emp			No. 4	
intertainment s 36.48		\$_	,	\$		\$		
iving Accommedations 296_55					1			
dvertising								
rayel 237.40		_ _						
		_ _					· -	
elephone		_ _						
Other Expenses or Services		<u> </u>			—		<u> </u>	
570.43	0		0	0		0		
Total \$	_ s	\$		\$	<u> </u>	s		
Item The totals of each expenditure of more than fift Date Place Continued on attached page(s)		mount		slators, Public and			in Grou	
		Item	Е	uployer(s) Name(s) and Ad	dress(es)		
INSTRUCTIONS		3						
Who should file this form: Any lobbyist registers 67-6617 Idaho Code	Potlatch Corporation No. 1 601 West First Avenue, Suite 1600 Spokane, WA 99201							
Filing deadline: Monthly reports due within te month for activities of the past month.	No. 2							
TO BE FILED WITH: Ben Ysursa Secretary of State	No. 3							
PO Box 83720 Boisc, ID 83720-0080 Phone: (208) 334-2852	No. 4				_			

Item 4	perso	nal prop	erty to any Legisl	yist or ator, Pl	or by the lobbyist's employer in the nature of contributions of money or other tangible or intengible Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.					
	Date Amount Nam				me of Legislator, Public or Executive Official Receiving or Benefiting					
						•				
	Subje	of matter	of proposed legislati	on, the	number of the Senate	<u> </u>	LEGISLATIVE SU	RIECT	TDENTIFICATION	
<u>Item</u> 5					ive activity in which		PROMONALIVE GCI		DENTI CATION	
5	the L	obbyist v	vas supporting or op	posing.		Code	Subject	Code	Subject	
Subject	Code	Bill, R	esolution or Other	Approp	riation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs	
(from	table)	Legislat	ive Ideat Number		Section Number	02	farming, and livestock Amusements, games, athletics		and controlled substances, health insurance, hospitals	
	.					W2	and sports	18		
			•			03	Banking, finance, credit and	19	Housing, construction, codes	
	,					١	investments	20	Insurance (excluding health	
						Q4	Children, minors, youth, senior citizens	21	insurance) Labor, salaries and wages,	
					•	05		2,	collective bargaining	
						06	Consumer affairs	22	, , , , , , , , , , , , , , , , , , , ,	
						07	Ecology, environment, pollution,		judges, crimes, prisons	
							conservation, zoning, land and water use	23 24	License, permits	
		ĺ	•	ļ		08	Education	25	Manufacturing, distribution and	
						09	Elections, campaigns, voting,	_	services	
		i			•		political parties	26	Natural resources, forest and	
				1		10	Equal rights, civil rights, minority affairs		forest products, fisheries, mining and mining products	
		1				111		27	Public lands, parks, recreation	
							taxation, revenue, budget,	28	Social insurance, unemployment	
		<u> </u>		1		1.	appropriations, bids, fees, funds		insurance, public assistance,	
		1				12		29	workmen's compensation Transportation, highways,	
				ļ		14	Government, municipal		streets and roads	
		ļ				15	Government, special districts	30		
						16	Government, state		televisions, radio, newspaper,	
				1				31	power, CATV, gas Other (please specify)	
								*		
		1		1		-				
							· · · · · · · · · · · · · · · · · · ·			
							CERTIFICATION: I hereby cert	ify that	the above is a true, complete and	
		<u></u>					correct statement in accordance	-		
Item	Identi	fy any r	ule, ratemaking de	cision.	procurement, contrac	2				
Atem 6	bid or	bid proc	ess, financial services				-M. 11	,	-/1/20	
			opposing.				/ UNA	$\mathcal{I}_{\mathcal{P}}$	my 2/4/08	
							Lobbyist signature	J	Date	
						}			•	
						1				